

# REQUEST FOR PAYMENT BY AUXILIARY COURT REPORTER

## Administrative Office of the Courts

Nashville City Center, Suite 600 • 511 Union Street Nashville, TN 37219 • Phone (615) 741-2687 • Fax: (615) 532-9481

### PLEASE PRINT

REPORTER NAME	
SOCIAL SECURITY OR TAX I.D. NUMBER	
ADDRESS	
CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE
TELEPHONE NUMBER	

INVOICE NUMBER
DPA #
JUDICIAL DISTRICT
COURT IN WHICH PROCEEDING HELD

APPEARANCE DATE	LOCATION (COUNTY)	HOURS WORKED	FULL DAY	HALF DAY	LUNCH (✓)	PER DIEM FEE	MILEAGE			
							TO	FROM	TOTAL	
		From: _____ : _____ To: _____ : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		From: _____ : _____ To: _____ : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		From: _____ : _____ To: _____ : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		From: _____ : _____ To: _____ : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		From: _____ : _____ To: _____ : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<b>TOTALS</b>		
<b>GRAND TOTAL</b>		

I certify that the herein named auxiliary court reporter worked in my court on the reported date(s). The designated official court reporter, \_\_\_\_\_ was unable to perform his/her courtroom duties due to the following:

- ☐ Sick Leave
- ☐ Court Approved Leave
- ☐ Workload Relief
- ☐ No Official Court Reporter Assigned to this Court
- ☐ Other \_\_\_\_\_

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF JUDGE

### Court Reporter Certification

I, the undersigned court reporter, do hereby certify that I was designated as the auxiliary court reporter for the Honorable \_\_\_\_\_

and request payment of per diem fees and other allowable costs, to be paid in accordance with the applicable fee schedules prescribed by the Administrative Director of the Courts.

\_\_\_\_\_  
SIGNATURE OF COURT REPORTER